

# Complex Claims Clinical Overview



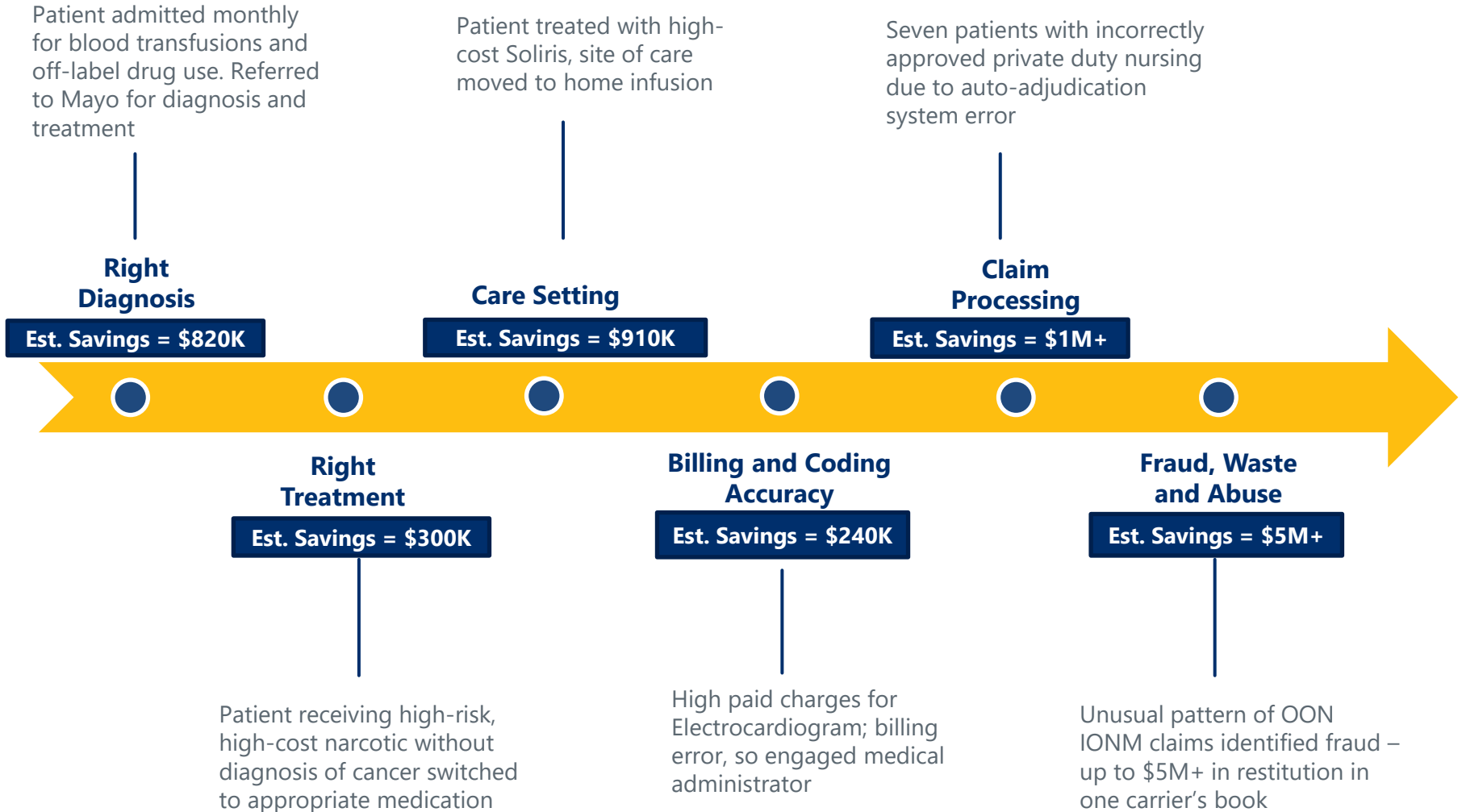
# Lockton + Mayo = Real Impact

- Member of self-funded plan in Florida seeing multiple specialists and receiving care weekly for multiple conditions: Heart failure, severe anemia, end stage renal disease and rheumatoid arthritis.
- Despite this, the member was hospitalized nearly once per month due to severe anemia.
- Total annual charges for this member's medical and pharmacy claims were averaging over \$1M
- Lockton Clinical Team identified the opportunity for specialist evaluation and care coordination at Mayo Jacksonville through their Complex Care Program
- Administrator Case Manager introduced program and facilitated patient enrollment; Lockton received travel benefit approval from employer
- During the initial treatment, the Mayo identified cause of the member's anemia and blood and was able to treat it.
- Patient's claims have decreased due to their treatment at the Mayo and she has been able to return to work and have a reasonable sense of normalcy
- Member is also tracking \$820k less per year in claims for receiving Mayo's treatment
- Feedback from patient:

“

*The overall experience has been nothing short of amazing, and once again I want to thank all involved for giving me a chance to be part of this program.”*

# Case Examples



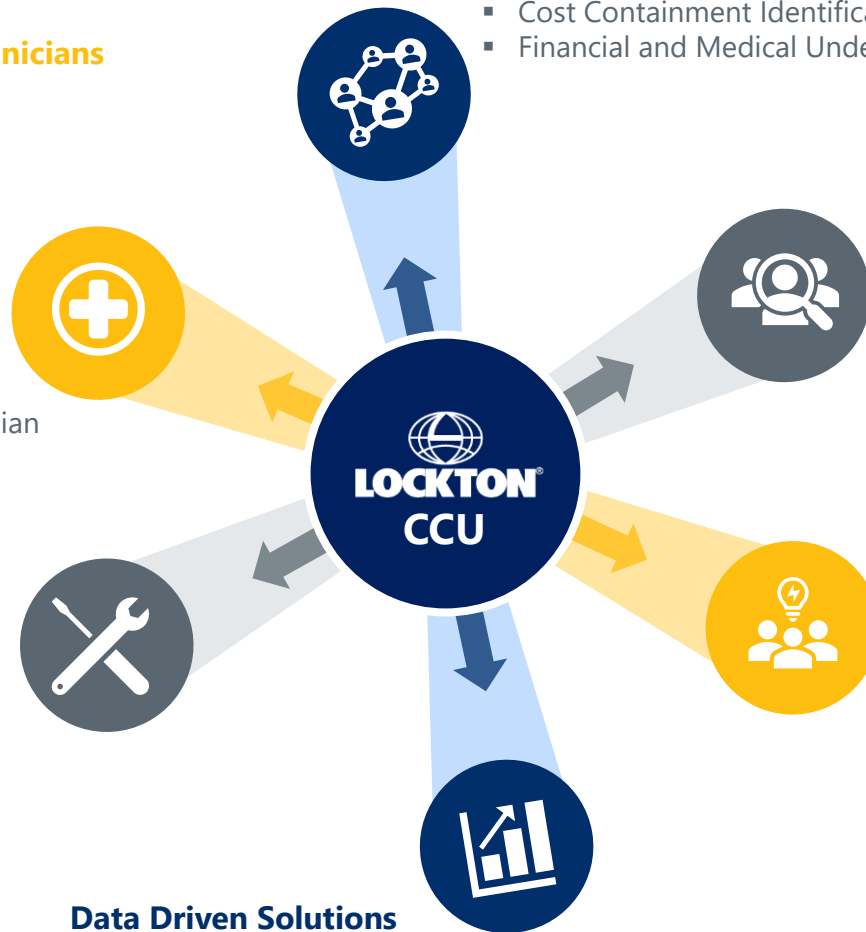
# Who Are We?

## Comprehensive Team of Clinicians

- Medical Directors
- Nursing
  - Intensive Care
  - Emergency Medicine
  - Orthopedics
  - Neurology
  - Surgery
  - Cardiology
- Clinical/Academic Research
- Case Management
- Emergency Medical Technician

## Resources

- Mayo Clinic
- Excelsior Solutions
- Internal Medical and Pharmacy Directors
- Specialty Vendors



## Diverse Set of Industry Skills

- Certified Coding Expertise
- Provider Negotiations
- Cost Containment Identification
- Financial and Medical Underwriting

## Targeted In-Depth Case Reviews

- Small population driving costs
- Depth of reviews
- Access to specialty contracts and vendors

## Data Driven Solutions

- Predictive Modeling Tools
- Benchmarking Tools
- Infolock® Analytics

## Collaboration

- Mayo Clinic Collaboration
- Case Management Gaps
- Administrators
- Insurance Carriers
- Third Party Vendors

# Clinical Consulting Core Services

## Clinical Cost Projections

- **Claim review on top 5 claimants**
  - Historical paid claims on high cost members
  - Clinical notes on condition and treatment of member
  - Ongoing low and high projected costs
- **Completed twice a year**
  - Year end claims for budget projections
  - Marketing period
- **Laser Reviews**
  - *Included for all Lockton Stop Loss clients, or available for purchase*



## Cost Containment Reviews

- **Review for savings opportunities**
  - **50% stop loss specific deductible**
  - **InfoLock Trigger diagnosis and services**
    - Reviews analyze:
      - Treatment appropriateness
      - Medical necessity
      - Site of care
      - Coding errors
      - Network status
      - Pharmacy utilization
      - Alternative treatment methods
      - Fraud and abuse
      - Cost-of-care efficiency
- **Reports provided quarterly**
  - *Paid for by some Stop Loss carriers, or available for purchase*

# Clinical Projections

<b>Company A</b> <b>Renewal Date: 1.1</b> <b>Administrator ABC</b> <b>SL Carrier ABC</b>								
	Claimant Details	Relationship	Diagnosis Category	Paid Dates Reviewed	Group Spec	Current Paid in Reviewed Period	Projected Low Cost	Projected High Cost
1	Hemophilia treated with high cost Novoseven RT factor injections as needed. Factor dispensed through Caremark.	DEP	Blood & Blood-Forming Organs	1/1/20-4/30/20	\$450,000	\$298,461	\$1,000,000	\$1,500,000
2	Heart attack in 12/2019 inpatient stay through 1/2019 with a heart vessel bypass procedure. Heart valve replacement 1/2019 during inpatient stay. Also treated for type 2 diabetes. Following IP stay, member is receiving home physical and occupational therapy and outpatient follow-ups. Low projection presumes ongoing stability with routine care and follow up. High projection includes complication requiring another IP stay.	EE	Circulatory	1/1/20-4/30/20	\$450,000	\$260,051	\$280,000	\$350,000
3	Multiple injuries sustained including leg fracture, pelvic fracture, low spinal vertebrae fracture, and lacerated spleen requiring surgery and IP stay 12/2019-1/2020. Discharged home with home therapy. High projection includes complications such as infection and displaced fractures.	EE	Musculoskeletal & Connective Tissue	1/1/20-4/30/20	\$450,000	\$249,812	\$275,000	\$400,000
4	Type 2 diabetes with a foot ulcer, cellulitis and bone infection treated with amputation during IP stay 1/2020. Member was hospitalized again 2/2020 for sepsis infection. Required additional amputation in 3/2020 and then IP rehab following that stay. Low projection presumes ongoing care and minor complications. High projection includes significant and ongoing complications.	EE	Infectious & Parasitic	1/1/20-4/30/20	\$450,000	\$234,511	\$375,000	\$600,000
5	Chronic kidney disease stage 5 treated with kidney transplant 1/2020. Member required inpatient stay in 3/2020 for hernia repair and continues receiving MD follow up. Low projection presumes stable ongoing care and routine medications post transplant. High projection includes complication requiring IP stay due to weakened immune system.	EE	Genitourinary	1/1/20-4/30/20	\$450,000	\$213,119	\$235,000	\$375,000

**Notes**

**Projected costs are for the 1/1/2020 - 12/31/2020 policy year.**

Ongoing projections are made based on information obtained from available reports and paid dates listed. Case and claimant information may be limited or fail to reflect current status which could impact the projected amount listed. Reviewed all claimants.

# Cost Containment Details

Company B			
Cost Containment Reviews			
Member Name	Claimant Details	CC Status	Closure Reason
Member 1	Traumatic brain injury after being hit by a car 1/2018 with home health care. Quadriplegia with physical therapy. Complications of other internal prosthetic devices.  Open subrogation case due to MVA	OPEN	
Member 2	Newly diagnosed Non-Hodgkin lymphoma treated with chemotherapy and possible radiation after chemotherapy. Member has history of diabetes, hypertension, heart attack and diabetic with retinopathy.  Requested update on members treatment plan.	OPEN	
Member 3	Prostate cancer treated with chemotherapy. Infection and inflammatory reaction due to indwelling urethral catheter inpatient stay 11/19. Has follow up visits and lab/imaging monitoring. Member has history of urinary tract infection, hypertension and pain in left hip.	CLOSED	PAID CLAIMS REVIEWED ARE APPROPRIATE
Member 4	Inpatient 01/2019-02/2019 for sepsis, type II diabetes, encephalopathy, heart attack, thrombocytopenia. Inpatient 03/2019-04/2019 for progressive supranuclear ophthalmoplegia, metabolic encephalopathy, adrenocortical insufficiency. Inpatient 08/2019 for cellulitis of left lower limb, progressive supranuclear ophthalmoplegia and again 11/2019-12/2019 for pneumonia and acute respiratory failure.  Requested updated treatment and case management engagement.	OPEN	
Member 5	Rheumatoid arthritis treated with Remicade currently in hospital.  Requested site of care review and specialty pharmacy use.	OPEN	

## Notes

Cost containment reviews are completed with information obtained from available reports. Case and claimant information may be limited or fail to reflect current status. When determining to open an opportunity or close a case clinicians analyze the following:

- Treatment appropriateness
- Medical Necessity
- Site of Care
- Coding Errors
- Network Status
- Pharmacy Utilization
- Alternative treatment methods
- Fraud and Abuse
- Cost of care efficiency

# Clinical Process



## Monthly Reporting

Clinical team receives ongoing claims reporting.

Ideal reports will contain detailed claim information (listed on slide 10) to help assess a members treatment and condition.



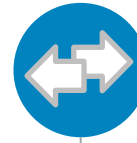
## Analyze Data

Clinical team reviews claim data to give ongoing member cost projections (Clinical Projections) and identify opportunities for cost savings.



## Outreach to Administrator

If additional information is needed or if an opportunity is found the clinical team will reach out to the administrator to obtain the information and/or work on a cost saving strategy



## Ongoing Communication

Clinical team will continue to work with administrator on cases.

Outreach to the member or provider occurs through the client's case management program.



## Reporting

Cost Containment reports are given quarterly.

Once a savings is implemented the clinical team will alert the client team with a summary of the case.

Most case take 6-12 months to fully implement.



# Clinical Review Data Needs

## Monthly Reporting Fields

- Account Number
- Account Name
- Member ID
- Subscriber Name
- Patient Name
- Patient Date of Birth
- Gender
- Relationship
- Claim Number
- Reimbursement Method Code
- Reimbursement Method
- Description
- First Service Date
- Last Service Date
- Bill Received Date
- Paid Date
- Revenue Code
- Revenue Code Description
- Primary Diagnosis Code
- Primary Diagnosis Description
- Secondary Diagnosis Code
- Secondary Diagnosis Description
- Procedure Code
- Procedure Description
- RX Drug Name
- Provider Name
- Provider City
- Provider State
- Provider Zip Code
- Billed/Eligible Amount
- National Access Fee
- Total Payments
- Medicare Status

## Additional Metrics

- Product Type
- Reporting Category
- Provider Tax ID
- Provider Address
- Coinsurance Amount
- Copay Amount
- Deductible Amount
- Claim Payments
- Surcharge Amount
- Admission Date



# Custom Clinical Consulting Options

Tailored services based on client needs and administrator availability:

## **Additional Clinical Reviews**



Greater number of claimants or frequency of reviews

## **Expanded Cost Containment**



Greater number of claimants or triggers, direct case referrals, pre-pay reviews, detailed reporting

## **Specialty Case Review**



Real-time review and discussion with care team on quality and cost-effectiveness of various treatment options

## **Opportunity Trends**



Identification of specific common opportunity trends across all claimants, regardless of dollar threshold or triggers

## **Usage Pattern and Outcome Analysis**



Broader insight into usage patterns across segments of beneficiaries

## **Clinical Liaison**



Designated point person on the clinical team

# Mayo Clinic Program

Following a successful pilot, a formal relationship with the Mayo Clinic is now in place covering two distinct areas:

Complex Care Program	
<b>What it is</b>	Individual complex cases who may benefit from specialist referral and/or care coordination are identified and referred to Mayo by Lockton Clinical Team.  Travel benefit coordinated with employer.
<b>Who is eligible</b>	Select complex claimants from any Lockton clinical client
<b>Process</b>	Lockton Clinical Team confirms employer willingness to cover travel costs  ASO/TPA case manager presents program to patient and, if interested, obtains medical records release form for Mayo  Lockton Clinical Team submits referral  Mayo coordinates itinerary and travel, bills travel assistance to employer

In addition to this patient program, the Mayo Clinic is also supporting our clinical team with insights on evidence-based care and treatment protocols (aka, our “phone a friend”).

**RISK MANAGEMENT • EMPLOYEE BENEFITS • RETIREMENT SERVICES**

---

**Our Mission** | To be the worldwide value and service leader in insurance brokerage, risk management, employee benefits and retirement services

**Our Goal** | To be the best place to do business and to work

© 2020 Lockton, Inc. All rights reserved.



LOCKTON.COM

